

DEPARTMENT OF NATURAL RESOURCES
1594 West North Temple, Suite 316
Salt Lake City, UT 84114
SEASONAL/SUMMER APPLICATION FORM

I. APPLICANT INFORMATION:

NAME (Last, First) (Please Print) _____

Social Security Number _____

ADDRESS: _____

TELEPHONE: _____ / _____
Work / Home

CITY _____

STATE _____

ZIP _____

II. DESIRED EMPLOYMENT

DIVISION OF FORESTRY, FIRE AND STATE LANDS

Forestry Technician

Fire Warden for the county of _____

Forest Health

Inventory / Timber Crews

Sovereign Lands

Forest Seedling Nursery

Fire Engine Operator/Crew Member

Hot Shot Fire Crew (IHC)

Fire Fighter Crew

Fuels Crew

Radio Dispatcher

Radio Dispatcher for the Area Office in _____

POSITION APPLYING FOR: _____

POSITION FOR THE AREA OFFICE LOCATED IN: _____

DATES AVAILABLE FOR EMPLOYMENT: FROM: _____

TO: _____

Did you work for one of our divisions last summer?

YES

NO

If so, where did you work and for whom?

III. EDUCATION

If claiming college education, a copy of your transcripts is required.

HAVE YOU GRADUATED FROM HIGH SCHOOL OR RECEIVED A HIGH SCHOOL EQUIVALENCY DIPLOMA (GED)? YES NO

IF NO, CIRCLE THE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12

HAVE YOU GRADUATED FROM COLLEGE? YES NO

NAME/LOCATION OF COLLEGE/UNIVERSITY	DATES ATTENDED		MAJOR	DEGREE	DATE
	FROM	TO			

IF YOU HAVE NOT GRADUATED FROM COLLEGE, BUT ARE CURRENTLY ENROLLED, PLEASE COMPLETE THE FOLLOWING:

SCHOOL _____ COMPLETED QTR HRS: _____ SEM HRS: _____

MAJOR: _____ EXPECTED DATE OF GRADUATION: _____

GRADE POINT AVERAGE: _____

FOR FIRE PERSONNEL ONLY:

- DO YOU HAVE A CURRENT RED CARD? YES NO
- HAVE YOU SUBMITTED A COPY OF A CURRENT FITNESS TEST YES NO

IV. PLEASE CHECK SPECIAL SKILLS OR APTITUDES:

Fire Suppression - fire department
Engine crew - Wildland
Hand Crew - Wildland
Qualified wildland crew boss
Helitack
EMT
Qualified Engine Boss

Chainsaw Certification _____
Qualified Initial Attack IC _____
Other Wildland Qualifications: _____

Other _____
Other _____

Do you have a valid driver's license? YES NO

V. EXPERIENCE:

Begin with present or most recent job and describe all periods of employment. Attach additional sheets if necessary, using the same format.

EMPLOYER _____ TELEPHONE _____ FROM: _____ TO: _____
MO/YR MO/YR

COMPLETE ADDRESS _____ PAY \$ _____ /HR
_____ HR/WK _____

YOUR TITLE:	SUPERVISOR'S NAME & TITLE
SUMMARY OF DUTIES:	

EMPLOYER _____ TELEPHONE _____ FROM: _____ TO: _____
MO/YR MO/YR

COMPLETE ADDRESS _____ PAY \$ _____ /HR
_____ HR/WK _____

YOUR TITLE:	SUPERVISOR'S NAME & TITLE
SUMMARY OF DUTIES:	

EMPLOYER _____ TELEPHONE _____ FROM: _____ TO: _____
MO/YR MO/YR

COMPLETE ADDRESS _____ PAY \$ _____ /HR
_____ HR/WK _____

YOUR TITLE:	SUPERVISOR'S NAME & TITLE
SUMMARY OF DUTIES:	

V. EXPERIENCE (Cont.)

EMPLOYER _____ TELEPHONE _____ FROM: _____ TO: _____
MO/YR MO/YR
COMPLETE ADDRESS _____ PAY \$ _____ /HR
_____ HR/WK _____
YOUR TITLE: _____ SUPERVISOR'S NAME & TITLE _____
SUMMARY OF DUTIES:

VI. SIGNATURE BLOCK

Have you been convicted of a crime in adult court, excluding minor traffic violations? YES NO
If you have been convicted of a crime (excluding minor traffic offenses) **as an adult**, attach additional sheets giving dates, type of conviction (misdemeanor or felony) details and penalties for each occurrence, including dates of any probationary periods. Each conviction will be judged in relation to time, seriousness, circumstances and relationship to the position for which you are considered. For law enforcement positions, or positions involving care, custody, or control of children or vulnerable adults; fiduciary trust; or national security, you will be subject to a thorough background check. **All conviction documentation will become official records of the State of Utah and cannot be returned.**

READ THE FOLLOWING STATEMENT CAREFULLY BEFORE SIGNING:

I affirm that this application contains no misrepresentations or falsifications and that information given by me is true and complete. I am aware that should investigation at any time disclose any such misrepresentation or falsification, my application will be rejected or, if employed by the Department of Natural Resources, I can be terminated from employment. I give permission to any agent of the Department of Natural Resources to contact my current and former employers for any employment information including my demonstrated performance abilities. Finally, I authorize that copies of any of my employment information may be furnished to the Department of Natural Resources.

Signature of Applicant

Date

The Department of Natural Resources is an equal opportunity employer. Persons with disabilities who require reasonable accommodation during the selection/interview process should contact the DNR Human Resource Office at 538-7210. TDD # 538-7458.